**DECLARATION FOR UTILITY OR** 

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Hefti, J.

PTO/SB/01 (12-97)
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**Attorney Docket Number** 

First Named Inventor

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Submitted OR	Declaration Submitted after Initia Filing (surcharge	Group Art Unit								
Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	ne							
As a below named inventor,	I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Non-Invasive, In Vivo Substance Measurement Systems										
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the specification of which	(Title	of the Invention)								
is attached hereto OR										
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was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendment s	pecifically referred to above	re.			•					
I acknowledge the duty to discl	ose information which is m	aterial to patentability a	s defined in 37 C	FR 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)			Priority Not Claimed		opy Attached?					
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under	·····		al application(s) I	isted below.						
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## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 3 of 3

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Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname							
Joseph				Page								
Inventor's Signature										. 2	28 Nov03	
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Post Office Address	P.O. Box 757											
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City	La Jolla	5	State	CA	\	ZIP	92038	Countr	y US	3		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any])							Family Na	ne or S	Sumame	)		
James	$\cap$					Plante						
Inventor's Signature						Z7心ひしo3 Date					\$	
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
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